

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 24 PM 2:43

DOCUMENT # F00000000811

1. Entity Name

Commercial Capital Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25 WEST 43RD STREET

3. Mailing Address

25 WEST 43RD STREET

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

NEW YORK, NY 10036

City & State

NEW YORK, NY

4. FEI Number

13-3773744

Applied For

Not Applicable

Zip

10036

Country

US

Zip

10036

Country

US

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Corporation SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TAIHAHASSEE

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHAIRMAN OF THE BOARD & CEO
CHARLES FREEMAN
25 WEST 43RD STREET, SUITE 900
NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
S. WILLIAM GREEN
25 WEST 43RD STREET, SUITE 900
NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHIEF FINANCIAL OFFICER
MARIA NACCARATO
25 WEST 43RD STREET, SUITE 900
NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHIEF CREDIT OFFICER, SECRETARY
ROBERT BENDIT
25 WEST 43RD STREET, SUITE 900
NEW YORK, NY 10036

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- ROBERT BENDIT, CEO

7/23/02 (212) 719-0002,
Date Daytime Phone # 251

CR2E034B (1/2/01)

9/7/24/02